AZ Medicaid Outpatient Workgroup Meeting

March 8, 2005
2:00 P.M. – 3:30 P.M.
AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Sara Harper, AHCCCS

Attendees:

(Based on sign-in sheets)

ADHS	Care1st, Cont.	MCP/Schaller
Jerri Gray	*Marlene Peek (teleconference)*	*Colleen Gurule*
AHCCCS	*Michael Boisseau*	*Cathy Jackson-Smith*
Sue Carter (EP &P)	**Cochise**	*Melanee Jones*
Cia Fruitman	*Barb Jones (teleconference)*	**MMCS**
Dora Lambert	*Evelyn Valdez (teleconference)*	*Linda Adams*
John Murray	*Marcia Goerdt (teleconference)*	**PHS**
Lori Petre (EP &P)	*Susan Speicher (teleconference)*	*Gregory Lucas (teleconference)*
Mark Renkel	**DES**	*Michell Foster teleconference)*
Mike Upchurch	*Pat Fizer*	*Pat Lapp (teleconference)*
Nancy Upchurch	*Marcella Gonzalez*	*Don Lopez (teleconference)*
Kyra Westlake	*Brian Heise*	**University Family Care**
Stacy Westerholm	*Dimiter Penin*	*Kathy Steiner (teleconference)*
Cynthia Barker	**Evercare**	*Jean Warner*
Christi Coppedge	*Steven Iles*	*Kim Bolton (teleconference)*
Keith Kent	*Jack Holstrom*	**Yavapai**
Sabrina Ott	*Scott Mack*	*Jean Willis (teleconference)*
APIPA	*David Eder*	*Becky Ducharme (teleconference)*
Greg Barnes (teleconference)	**HealthChoiceAZ**	*Dave Soderberg (teleconference)*
Sharon Zamora	*Jessica Lennick*	
Alexia Cathers (teleconference)	*Lorie Owens*	
Care1st	*Mary Boyd*	
Anna Castaneda	*Jaime Perikly*	
Ann Weeks		

1. Welcome (Lori Petre)

We'll get started. We've scheduled this for a little longer than usual; hopefully, we won't need all the time. Since it is the first time we are going to go through the new process to discuss the changes that

may have occurred between meetings, and how we're dealing with them. We want to give sufficient time to answer any questions you may have.

In your packet, directly behind the agenda are the minutes to the last meeting. If you have any questions, comments, or clarifications, please let us know so that we can update them.

2. **Current AHCCCS Status/Timeline (Lori Petre)**
Next is the current Project timeline. We want to point out a couple adjustments to that. We have scheduled the next Consortium for Wednesday, April 6, 2 p.m. – 3 p.m. Some changes to the schedule are listed on the second page. We have extended some of the testing time periods, notably the pilot testing with the hospitals we are testing with. Because of that, we've pushed out the turnover for User Acceptance, and the expansion of testing with hospitals beyond that. It pushes out when we wanted to test with the Health Plans, although if you want to test now, please notify us, and we will arrange to do so.

3. **Documentation, Fee Schedule Status (Lori Petre)**
Next is the calendar, with which you are all familiar. The next Status report is due March 18. If we did not receive the previous status report, please do submit it now. Even if you send an email stating "no changes," I'm required to collate these for upper Management.

There is a new Reference Extract available per the schedule. The Reference Extract previously provided did not contain all the existing/old tables. The new Reference Extract has everything with the exception of the new CCI table. We will get that out to you as soon as possible.

The only other thing that we need to point out in this Calendar is that June 15, 2005, is the official end date for testing. If you have not passed the control group testing by then, we need to discuss contingency. We have not yet discussed what the contingencies may be, whether it will be as a month-to-month contingency, or whether it will just move the start date out to July 15th, or August 1.

4. **Discussion of Action Items, Design Issues (Lori Petre)**
We don't have many Action Items still open. Evaluation is still underway for handling over 99 lines. There is a meeting scheduled for tomorrow concerning that. A couple of others remain open.

You will find attached an email from the workgroup with the most current version of the Fee Schedule, as well as some summarizations of the Changes reflected in it. This is also available on the website. Directly behind the email is the background statement that was part of what was sent to the hospitals. We had talked to several of you to let you know that we were sending this to the hospitals, and that it is the same document that was sent to you. This Fee Schedule was also referenced in the extracts that were run today. It is the most current Fee Schedule.

5. **Change Tracking (Lori Petre)**
In our last meeting we mentioned we want to get away from sending large documents, several times a month to reflect all the small changes made over the lifespan of the project. We agreed to explore different options. Therefore, we've made a sheet summarizing the Change Requests that have been received. Any time a Design or document is finalized; we have to create change requests to document any alterations to the original. This document reflects the change requests received since we released the Finalized Document. Three of these have already been approved, but one is still with the Customer.

Micheal Upchurch – The Design Document will be updated to reflect these in its internal form, but will not be redistributed at this time. The first Change Request was to cover the Multiple Peer Groups Facilities. Certain facilities have additional percentages for certain HCPCS. Secondly, Out of State Hospitals use the Outpatient Hospital Fee Schedule. This will apply to In- and Out-of-State Hospitals. This is a change from our previously provided information. Thirdly, There are new Encounter Edits at the detail line level for UB's for the Beginning and Ending Dates of Service.

Lori Petre – The Change Request that has not yet been approved has to do with whether or not we will reimburse the lesser of billed charges or the calculated allowed amount. The legal department is looking at that to determine which direction we should take. We will let you know about that as soon as a decision is made.

HP – Will this Change Request Summary be posted to the Web?
Lori Petre – Yes

The other things that we wanted to go over, these are items not normally updated in the Design Document, but are noted from questions that have come in from you all. This document is a summary of questions and answers.

Along with the Fee Schedules, there is a note of updated Peer Group percentages. We've put together a summarized listing of Peer Groups by Facility

Going back to the Summary of changes, there are claims that include Bill Type 7XX, the clinic category. This was not reflected before in the documents, although it was considered in the rates. This Bill Type will now be included.

Please also note that Phoenix Children's Hospital is now at 210%. That is not a typo.

We will be revising the Flow Charts as applicable.

Provider Extracts from the Test Environment will be updated. The Reference Extract you've received today is all-inclusive with the exception of the CCI table. Please note that RF618 is not on you extract at this time. Brent Ratterree is evaluating whether or not to include this table or some types of information from this table in the future. At this time this table has a single value which impacts O/P valuation so we didn't want to hold up your testing, or force Brent to make a hasty decision on how he wants to update this table, when it is not absolutely imperative to include it.   So we've indicated the needed value in you in this document.

We are continuing to receive inquiries into when the Tables Values will be finalized. The Values in the tables are correct to our knowledge, now, but as we move forward, the values may change. The Table structures, however, are finalized. The layout is finalized, and we hope more understandable for everyone. Our target date to run the first reference files in prod remains June.

HP – Sara indicated earlier that once the Table Values were finalized, an analysis would be done for the hospitals as to whether we should pay more or less to the hospitals due to their new structure. If they continue to change, how do we determine how it affects us monetarily? How do we analyze that?

Cia Fruitman – The Values Impacts have mostly been done. We are only looking at unit limits now. We are trying to determine reasonable limitations to the units, by reviewing Medicare claims, etc. In terms of the assessment, we'd send the latest drafts of the fee schedule itself. Current changes to the tables will not impact cost. Changes to these tables will not make great changes to the financial impacts.

Lori Petre – At the top of the next page are a couple more questions that came into the workgroup. The question is 'what happens if the DOS overlaps after DOS 7/1/2005?' this will not be allowed after 7/1/2005. Will the new Fee Schedule impact the Encounters? Yes, this is how we will value the encounters as they come in. The Outpatient Fee Schedule applies only to 02 Provider Type Hospital Claims; it does not impact provider types that are not Hospital.

Late Charge Claims will no longer be allowed.

HP – Can you expand your comments on the DOS Overlapping?

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Lori Petre – Yes, Outpatient Hospital claims with dates of service that overlap 7/1/2005 will be denied, as the new Outpatient Hospital Fee Schedule is date of service based. We have clarified reference tables RF773/RF774 to clarify the functionality.

Several of the Health plans noted new coverage codes. Two of them are completely unrelated to OP, they just happened to show up in your extract coincide with this project. 09 and 10 are not related to the OP project.

Finally, we previously discussed the same day admit discharge/transfer question. There is still confusion, and we'd like to clarify. This is an existing policy, Claims currently pays this way, and we're just continuing to apply this policy under the Outpatient Hospital Fee Schedule. After 7/1/2005, OP Cost to Charge Ratios will be replaced by the OP Fee Schedule. We just wanted to clarify we haven't made any changes to this policy.

HP – What record types are RF773 and RF774?
Mike Upchurch – RF773 is H6, RF774 is H5.
HP – What is the field called on the record layout that identifies whether the proc code is optional or not?
Lori Petre – We will verify that for you.

ACTION ITEM –

HP – Are all OP reference table on RF02?
Lori Petre – OP Hospital claims use a combination of reference tables. You need to use Ref01 and Ref02 to make editing decisions.
HP – We have to explain this to our vendor, can you clarify that for us?
Lori Petre – Yes.

ACTION ITEM –

Lori Petre – The Provider Manual is being revised, should be ready sometime next week for internal review. Once it is accepted internally, we will share this with you.

HP – One of the tables for bundled revenue codes is not populated on our extract. Is that the same as the CCI table?
Lori Petre – No, there are not a lot of values, but there should be something. Mike will follow-up on this.

ACTION ITEM –

HP – Which codes will be bundled?
Lori Petre – The bundled revenue code table is fairly close to prod ready. There may be exception processes, but this is not something that will impact 7/1/2005.

HP – Do we know which edits will be hard and which will be soft coded?
Lori Petre – We will refer this question to Brent Ratterree.

ACTION ITEM –

HP – If we paid a claim under contract, how will you handle that?
Lori Petre – We will refer this question to Brent Ratterree

ACTION ITEM –

HP – What are your plans for splitting out the bills for transplants?
Lori Petre – These service are specific to their own contract, it's not a part of this process.
HP – Some valuation codes are.

Lori Petre – We'll refer this question to Sara Harper.

ACTION ITEM –

6. **Examples Update (Lori Petre)**
We spoke last time that we would be entering the examples we created into our test region. We are working on that and once we've completed it, we will share the results with you. We'll try to do this to give you a precursor of the Control Group examples.

7. **Update on MCO Status Report and Individual Status Meetings (Lori Petre)**
As mentioned earlier, please send in your status report every other week, even if it's only an email to me stating nothing has changed. The next round of Individual Status meetings are set to begin the last two weeks of April; we will be scheduling these meetings this coming week.

8. **Update on Hospital Efforts/Pilot Testing (Lori Petre)**
Included in your packet is a sheet with facility names and the information for the main contact for each. This way if you are interested in Pilot Testing with a facility, you know who to speak with to set that up.

Directly behind that is a summary of our Pilot testing with the hospitals. We are making adjustments as we proceed for those hospitals that want to include specific scenarios. We have updated PR050 to represent the current Peer Grouping. We are pulling our October, November and December Outpatient Claims Submissions to include in the testing per the facility requests for 3 months claims. We will compare the results.

9. **Control Group Claims Testing (Lori Petre)**
There were some suggestions for additional situations; we are locating these scenarios and integrating them into the spreadsheet to discuss at an upcoming meeting. In the next round of individual health plan status meetings, we hope to discuss your issues and what else you need. AHCCCS will also be running the same claims. We are testing comprehensively in our system. Under #15, we want you to produce hard copy results, in your individual meetings we can discuss what it should be for your plans. We understand it may be different for each of you.

HP – Will we receive the spreadsheet by the 4/4/05 date?
Lori Petre – Yes. Probably before then; we feel we have a comprehensive test now and don't anticipate having to alter it much to make it representative. We expect to have around 200 claims.

10. **Next Meeting**
Next meeting will be April 6th, 2 – 3 p.m.